

**STATE OFFICE OF RURAL HEALTH  
Advisory Board Meeting Minutes  
Wednesday, June 4, 2008  
SORH Office, Cordele, Georgia**

**Presiding:** Kevin Taylor, Chairperson

**Present:** Charles Owens, Ex-Officio  
Greg Dent  
Carlos Stapleton  
Stuart Tedders  
Cindy Turner  
Steve Barber  
Maryanne Shepherd  
Grace Newsome  
O.J. Booker  
Jennie Wren Denmark (via telephone)

**Absent:** William Bina

**SORH Staff:** Tony Brown, Deputy Director  
Sheryl McCoy, Recording Secretary

**Visitors:** Rhett Partin, Georgia Hospital Association  
Pam Reynolds, AHEC  
Comfort Green, VP External Operations, Sumter Regional Hospital

**Opening Remarks**

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board meeting was held on Wednesday, June 4, 2008, at the SORH office, Cordele, Georgia. The meeting convened at 10:40 a.m.

**Kevin Taylor**, Advisory Board Chair, opened the meeting and welcomed members of the Advisory Board and guests.

***SORH Advisory Board Minutes:***

The minutes of the March 5, 2008, meeting were approved as submitted.

**Charles Owens** introduced two new members of the Advisory Board, Grace Newsome, North Georgia College and State University, and O.J. Booker, Monroe County Hospital. Mr. Owens explained that Bruce Sheperd was also appointed to the Board, but has recently taken a job opportunity out of state. He encouraged the members to make recommendations for the vacant Board position.

Mr. Owens stated that Jennie Wren Denmark is attending the meeting via conference call, therefore, Katrice Brown will give the Migrant sub-committee report.

**Katrice Brown** shared several developments in the migrant program:

- Development of a web hosted database for sites
- Completion of an Enumeration Study
- NGA for 2008/2009 received and in process for renewals
- New Outreach Manual with uniform curriculum soon to be printed
- QA/CQI to be done this month
- Summer Projects to be held in June at Valdosta, Moultrie, Decatur County, and Echols County
  - Over 100 providers and interpreters to give services

**Tony Brown** added that every county in the State of Georgia was included in the Enumeration study. The last Enumeration study was completed in 1995. The population has shifted greatly since 1995, but the numbers are consistent with the last report. With the new trends, it will be necessary to re-focus, looking at areas with an increase in migrant population.

**Charles Owens** complimented the Migrant program on their success with the Expanded Medical Capacity grant for Echols County. The target was projected at serving 2500 people and the number served exceeded that to 2597 people served. SORH is excited about exceeding that goal.

**Stuart Tedders** asked if the Migrant non-workers are the dependents of the Migrant Farmworkers.

**Tony Brown** answered that was a correct statement.

**Maryanne Shepherd** further explained that in the past, families moved from one state to another. At present, Migrant workers are moving to one specific area and are mostly individuals. According to a trend study of the past five years, data shows since 2006 numbers have shifted drastically to single men.

**Charles Owens** shared that Dave Hartin, Director, SORH Primary Care Office, will be giving a presentation about the Health Resource Services Administration (HRSA) proposed rules for underserved areas. These rules are set to identify areas of need and underservice which is also the target for our grant funds. Some counties in Georgia are concerned that they may lose their underserved status. Underserved means different things to different people. Crisp County does not meet the criteria to obtain underserved status, but some citizens would like to lobby for Crisp's status to be changed to underserved. Even though to some citizens Crisp County may seem underserved, it may not have as great a need as other Georgia Counties. For example, a small county like Clay County has only a part-time physician. It is a difficult task to find a balance to meet the needs of all the counties. There will probably never be a perfect set of rules, but there should be rules that serve the counties of Georgia in the best possible way.

**Dave Hartin**, Director, Primary Care Office (PCO), gave a presentation explaining the proposed rules for Health Professional Shortage Areas (HPSAs). Mr. Hartin gave a brief description of the present method for determining HPSA and Medically Underserved Areas (MUAs). The present rules cover Primary Care, Mental and Dental. The new proposed rules relate only to Primary Care. Primary Care designations in Georgia have HPSAs and MUAs. At present, the MUA map looks somewhat unrealistic. To update the HPSAs and MUAs with the present rules, Georgia would lose a larger number of counties than with the new rules. HPSAs will remain much as they are now, but the MUAs will have a considerable change. The PCO uses the federal software with county data already programmed into the database. The provider information is loaded into the software and the ratio to be calculated and eligibility is determined from the data.

**Kevin Taylor** asked about the purpose of the MUA.

**Dave Hartin** stated that the MUA allows a Federally Qualified Health Center (FQHC) to be placed in a county and for participation in the J1 Visa Waiver Program.

Highlights of the information Mr. Hartin shared about the new process is listed below:

- Major Changes
  - Contiguous areas consideration will not be necessary
  - Nurse Practitioners, Physician Assistants and Certified Nurse Midwives count as 0.5 full time employee (FTE)/40 hours
  - Physicians in residency count as 0.1 FTE/40 hrs
  - Weighted scores for high need indicators
- High Need Indicators
  - Population below 200 percent poverty level
  - Unemployment rate
  - Population over age 65
  - Population density
  - Hispanic Population, Non-White population
  - Standardized mortality rate
  - Low Birth Weight
  - Infant Mortality Rate

**Greg Dent** asked if it is possible to override the HRSA programmed data. He explained that updated and more accurate data might be available.

**Dave Hartin** stated that anyone may request to override the data in the HRSA database, but it will be considered at HRSA's discretion.

- Rational Service Area Designation Types
  - Tier 1 Geographic – Considers entire population with all benefits
  - Tier 2 Geographic - Considers entire population, does not have to include FTE's of providers in Federal programs – will help prevent the yo-yo effect
  - Tier 1 Low Income Population – considers low income population and FTEs for all Primary Care providers, may apply for additional Federal benefits
  - Tier 2 Low Income Population- considers low income population, does not consider FTEs for providers in Federal programs, not eligible for additional Federal benefits

- Facility “Safety Net” Designation
  - Metropolitan Areas – At least 40 percent of all patients are served either under Medicaid, under a posted sliding fee schedule or for no charge
  - Non-Metropolitan Areas – At least 30 percent of all patients are served either under Medicaid, under a posted sliding fee schedule, or for no charge

**Kevin Taylor** asked when the new rules are expected to go into effect.

**Mr. Hartin** explained it is open for comment for one more month, and all comments will have to be considered. A large number of PCO personnel have been involved in the process since 1998. It will be 180 days after the rule is introduced to Congress before it can go into effect. After that process, it will be phased in.

**Greg Dent** asked if it would affect new applications for FQHCs.

**Dave Hartin** stated there will not be a loss of designation, therefore it will not be affected. A loss of designation is the only time it will change.

**Charles Owens** shared with the Board members that if anyone desires to have county data updated, they may call Dave Hartin or Dorothy Bryant in the SORH office and they will begin the process. Another source to seek for help is the Area Health and Education Centers (AHEC).

**Charles Owens** gave a brief report from the SORH office. Three years ago, the SORH budget was approximately \$8M and this year the budget increased to \$24,299,984. The SORH office experienced 276% increase in cash flow. Other states are amazed at the amount of funds that Georgia has been able to obtain for investment in opportunities for better health care. Most states are seeing budget cuts in their grant funding. Our Federal monies have also increased, netting about \$38M. Our state has begun to understand that when they invest in health care many times the SORH is able to leverage for Federal monies. From the published list of the 200 poorest counties, Georgia has 19 counties listed. Almost all of our poorest counties have made some type of application. Other projects for the SORH are:

- Phase II of the Rural Health Safety Net was funded at \$9.25M
- FQHC New Site development - \$1M for 5 counties, Montgomery, Jones, Clark, Effingham
- FQHC Behavioral Health - \$1M CHCs participating are Tendercare, Palmetto, Georgia Highlands
- CMS ER Diversion Grant \$2.5M
- Senate Bill (SB) 395 Safety Net Clinic \$950k
- SE Firefighters Fund \$500k
- Wellness Pilot Project \$150k

All of the SORH grants, Migrant, Expanded Medical Capacity, SORH, Primary Care, FLEX and SHIP have been submitted for the year.

The Migrant program received a grant award for \$2,379,612 which is a \$40,000 increase.

The PCO has recently hired Tina Orrick to serve in the J1 Visa and National Health Service Corps area. The program has been restructured and Ms. Orrick will also work aggressively in the role of recruitment of health professions.

The Hospital Services program has contracted with Draffin and Tucker to provide CAHs with a fiscal analysis for benchmarking. Data will be used to help hospitals target reimbursement issues. They will assist us in developing programs to improve the financial stability of hospitals. The Georgia Hospital Association (GHA) will continue to administer the Quality Improvement (QI) project. There are 53 hospitals participating in the SHIP program. GHA and Hometown Health consortiums will continue, as well as Archbold.

The Rural Health Safety Net will announce the RFGA in June. There will be 90 days for completion of application and it will be due September 1, 2008. The award will be announced by October 1, 2008.

The SORH office has asked for additional staff to help support the additional funding for projects. At present, the State is on a hiring freeze.

Mr. Owens shared that James Peoples, Executive Director, Office of Health Improvement, held a meeting in Crisp County on June 3, 2008, to introduce the Georgia Health Equity Initiative. The data is a county-level look at health outcomes for minorities in Georgia. Mr. Owens expressed a desire to have James come and present the information to the SORH Advisory Board at a future meeting. Mr. Owens concluded his report.

**Kevin Taylor** complimented Mr. Owens in his leadership of the SORH office and thanked the office staff for their excellent performance.

**Charles Owens** presented future meeting options by suggesting to meet in a centralized location or webinar meetings. He shared his concern for the Board members travel with rising gas prices.

**Kevin Taylor**, Chair, commented positively to continue to travel to various locations.

**Charles Owens** asked for a volunteer to host the SORH Advisory Board meeting on September 3, 2008. If anyone is interested, they should contact the SORH office within the next few days.

There being no further business or public comment, the meeting was adjourned.

Respectfully,

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Kevin Taylor, Chairman/Date

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Sheryl McCoy, Recording Secretary/Date

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Stuart Tedders, Secretary/Date